



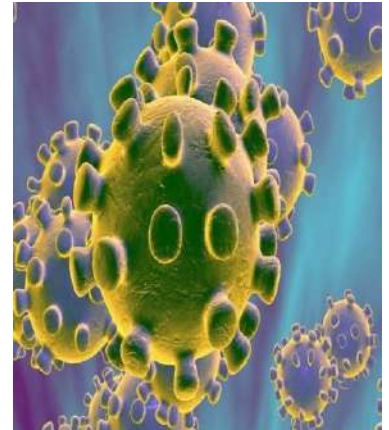
Novel Corona Virus (2019-nCoV)

Department of Public Health and Preventive Medicine

04-02-2020

What is Coronavirus?

- Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as
 - Severe Acute Respiratory Syndrome (SARS) and
 - Middle East Respiratory Syndrome (MERS)
- A new Coronavirus emerged in Wuhan City, Hubei Province in China is called as 2019-nCoV



Emerging Respiratory Infectious Diseases

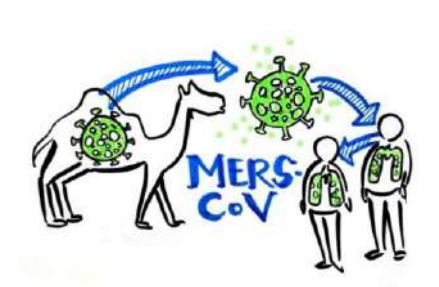
- 2002: Severe Acute Respiratory Syndrome Coronavirus (SARS CoV)
- 2009: A H1N1 influenza
- 2012: Middle East Respiratory Syndrome Coronavirus (MERS CoV)
- 2019: Novel Coronavirus (2019-nCoV)

How do viruses emerge?

- Human health, animal health and the state of ecosystems are inextricably linked
- 70-80% of emerging and re-emerging infectious diseases are known to be of zoonotic origin
- Population growth, climate change, increasing urbanization, consumption of raw or semi-cooked meat, international travel and migration increase the risk for emergence and spread of respiratory pathogens

Where do coronavirus come from?

- Coronaviruses also cause disease in a wide variety of animal species
- SARS-CoV was transmitted from **civet cats** to humans in China in 2002
- MERS-CoV from **dromedary camels** to humans in Saudi Arabia in 2012



Where do coronavirus come from?

- 2019-nCoV suspected to be from **sea food market** at Wuhan
- **Several known coronaviruses are circulating in animals** that have not yet infected humans
- A **spill-over event** is when a virus that is circulating in an animal species is found to have been transmitted to humans.

Current Status of Wuhan 2019-nCoV Outbreak

04-02-2020

Global	20,630
China	
Confirmed	20,471
Severe	2,788
Deaths	425
Outside China	
Confirmed	159 Cases: Death 1
Countries	23

Countries affected (24)

China	20,471	UAE	5
Thailand	19	Canada	4
Japan	20	Vietnam	9
Singapore	18	Cambodia	1
Australia	12	Philippines	2
Malaysia	10	Nepal	1
USA	11	Sri Lanka	1
France	6	India	3
Republic of Korea	16	Finland	1
Germany	12	Italy	2
Russia	2	Spain	1
Sweden	1	UK	2

Affected Areas in China

Hubei	13522	Shandong	270
Zhejiang	829	Beijing	228
Guangdong	797	Shanghai	208
Henan	675	Fujian	194
Hunan	593	Heilongjiang	155
Anhui	480	Shaanxi	142
Jiangxi	476	Gaungxi	139
Chongqing	337	Hebei	126
Jiangsu	308	Yunnan	117
Sichuan	282	Hainan	79

Affected Areas in China

Liaoning	74	Ningxia	34
Shanxi	74	Xingjiang	29
Tianjin	63	Hong Kong SAR	15
Gansu	56	Qinghai	15
Guizhou	56	Taipei	10
Jilin	42	Macao SAR	8
Inner Mongolia	37	Xizang	1
		Total	20471

WHO Risk Assessment

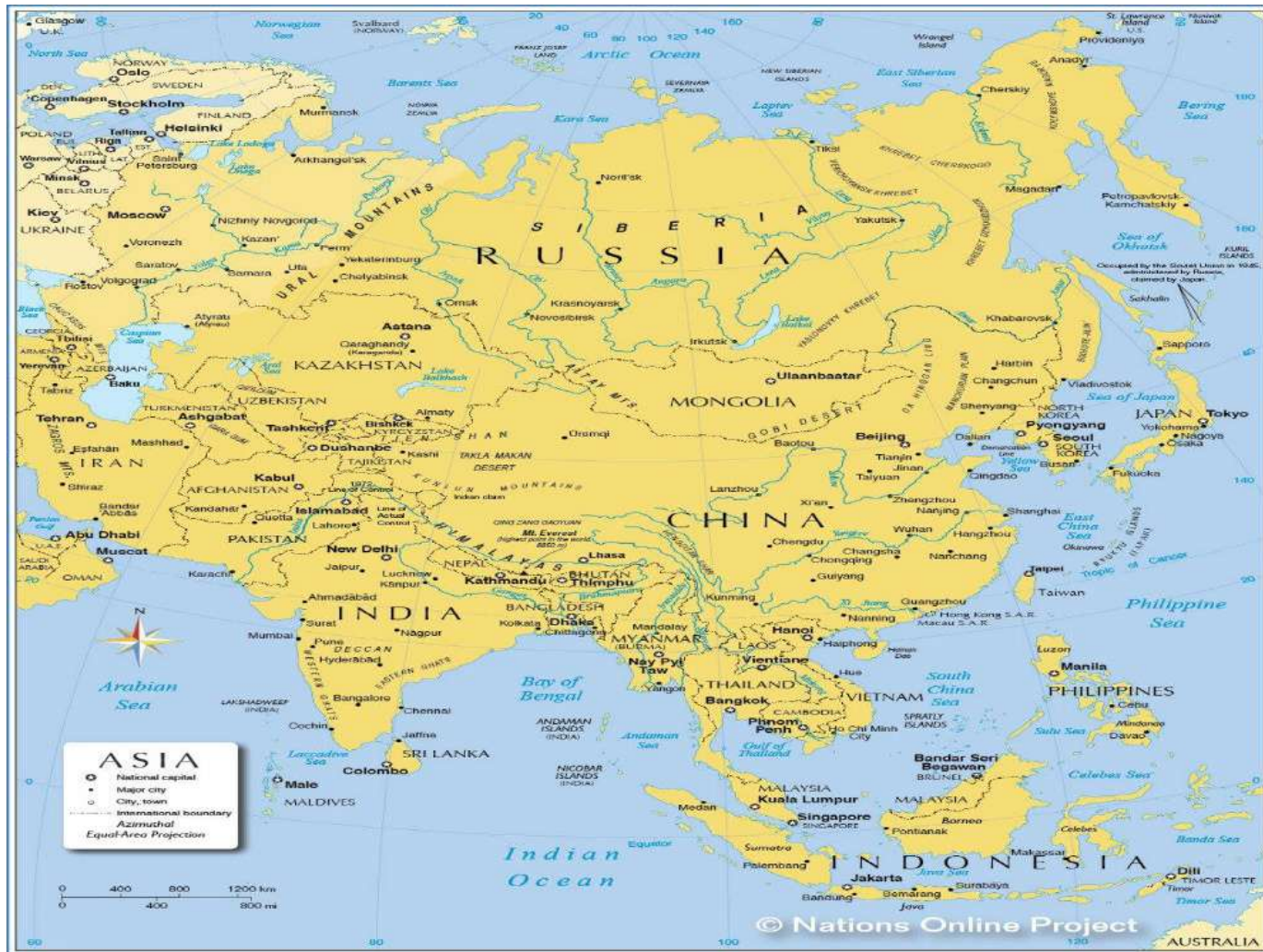
Declared as Global Public Health
Emergency

China	Very High
Regional level	High
Global level	High

Risk Assessment

- 20 % are reported to be severe
- Overall Case Fatality Ratio of 2.3 percent which is considerably lower than that was reported during
 - SARS (15%) and
 - MERS-CoV outbreaks (37%)





Human Corona Virus has 7 strains

1. Human CoV 229 E
2. Human CoV OC43
3. SARS-CoV (2003 Outbreak)
4. Human CoV NL63
5. Human CoV HKU 1
6. MERS-CoV (2012 Outbreak)
7. Wuhan CoV (2019-nCoV)

Viral Causes of Common Cold: (>200 viral types)

S. No	Virus
1	Rhinovirus
2	Corona Virus
3	Influenza Virus
4	Adenovirus
5	Respiratory Syncytial Virus
6	Para Influenza Virus
7	Metapneumovirus

Symptoms

- Mild to severe respiratory illness with symptoms of
 - Fever
 - Cough
 - shortness of breath
- Symptoms of 2019-nCoV may appear as early as 2 days or as long as 14 days after exposure

Suspect Case

A. Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital) and with no other etiology that fully explains the clinical presentation and at least one of the following:

- History of travel to or residence in the city of Wuhan, Hubei province, China in the last 14 days prior to symptom onset or
- Patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are cared for

B. Patients with any acute respiratory illness and at least one of the following:

- Close contact with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset or
- Visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
- Worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital associated 2019-nCoV infection have been reported

Probable Case

- A suspect case for whom testing for 2019-nCoV is inconclusive or is tested positive using a pan-corona virus assay and without laboratory evidence of other respiratory pathogens.

Confirmed Case

- A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.

Mode of Spread

- **Through hands - more than 80 percent**
 - After touching the infected surfaces like immigration counter, ticket counter, door handles, handrails of staircases or elevators etc, touching the face, eyes, nose without washing hands
- **Airborne direct transmission - less than 20 percent**
 - when a nearby person sneezes or coughs

Indoor transmission:

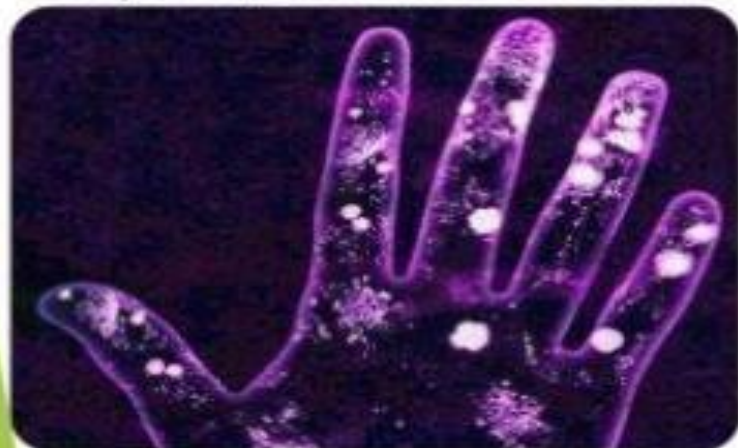
Droplets, Direct and indirect contact, and possibly the following: Fomite transmission, Airborne transmission.

Outdoor transmission:

Droplets, and direct contact



Aerosolized droplets resulting from a sneeze. Image courtesy of the Public Health Image Library. (No. 11162).



Broad Criteria for Lifting of Samples

- Persons with travel history to the Wuhan province in China after 15th January 2020, whether symptomatic or asymptomatic
- Persons with travel history to the rest of China, Hong Kong, Thailand and Singapore with symptoms
- Epidemiologically linked case
- Contacts of positive cases
- As per case definitions

Broad Criteria for Lifting of Samples

- Samples should be lifted by microbiologist and physician in consultation with the concerned District Surveillance Officer, State Surveillance Officer, Deputy Director (SPHL) and King Institute, Chennai

S.No	Name & Designation	Contact Number
1	Dr.P.Sampath State Surveillance Officer - Joint Director Epidemic Control	94430 39941
2	Dr.S.Raju Microbiologist Deputy Director -State Public Health Laboratory	94443 56151
3	Dr.K.Kaveri Director i/c, Microbiologist, King Institute of Preventive Medicine	98848 45519

Lab Diagnosis

- **Samples**
 - Respiratory material (nasopharyngeal and oropharyngeal swab in ambulatory patients and sputum (if produced) and/or endotracheal aspirate or bronchoalveolar lavage in patients with more severe respiratory disease)
 - Serum for serological testing, acute sample (within a week) and convalescent sample (3-4 weeks of illness)
- **Ensure appropriate infection control measures while collecting samples**

Lab Diagnosis

- **Pan-coronavirus assay**
 - Four human coronaviruses (HCoVs) are endemic globally: HCoV-229E, HCoV-NL63, HCoV-HKU1 and HCoV-OC43.
 - Two other beta-coronaviruses that cause zoonotic infection in humans are
 - SARS arising from civets and cave-dwelling horseshoe bats.
 - MERS - CoV, acquired by contact with dromedary camels

Lab Diagnosis

- Amplification and detection of 2019-nCoV specific sequences can be diagnostic without the necessity for further sequencing of other viruses can also be done alternatively
- National Institute of Virology - Pune Apex centre
- King Institute, Guindy has testing facilities

Airport / Seaport Screening in India

- 22 Airports are under surveillance -
 - **Chennai, Trichy, Coimbatore, Madurai**, Mumbai, Delhi, Kolkata, Bengaluru, Hyderabad, Cochin, Ahmedabad, Amritsar, Guwahati, Gaya, Bagdogra, Jaipur, Lucknow, Trivandrum, Varanasi, Visakhapatnam, Bhubaneswar, Goa
- **Chennai, Trichy, Coimbatore and Madurai in Tamil Nadu**
- Sea Port Screening - Chennai, Ennore, Tuticorin, Cuddalore, Nagappattinam, Kattuppalli

Screening Criteria

- All passengers from all flights from China, Hongkong, Thailand and Singapore are screened universally through thermal screening or infrared thermometers and medical examination
- **All the passengers are followed up daily for two incubation period of 28 days**
- In case of development of symptoms, to be admitted immediately in isolation room and managed

Everyday Preventive Actions for Everyone

Wash your hands



- Before, during, after preparing food
- **Before eating**
- After toilet use
- **When hands are visibly dirty**
- After handling animals or animal waste
- After hand shake (Handshakes to be avoided)
- After coughing and sneezing
- **When caring for sick**

Wash your Hands

Wash your hands with soap and running water for 30 seconds when hands are visibly dirty



If your hands are not visibly dirty, frequently clean them by using hand Rub containing 70 percent or more alcohol

Cough/ Sneezing Hygiene

When coughing and sneezing cover the face with flexed elbow or tissue



Put the tissue into closed bin immediately after use

Clean hands with Alcohol-based Hand rub or soap and water after coughing or sneezing and when caring for sick.

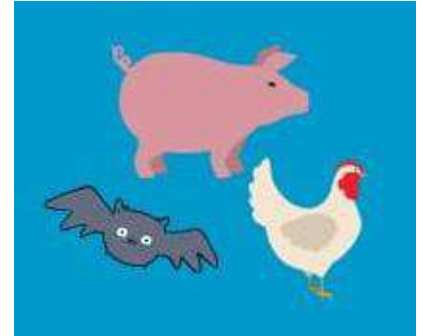


Animal Food



**Thoroughly cook
meat and eggs**

**Avoid unprotected contact
with live wild/domestic/ farm
animals**



Avoid close contact with symptomatic persons



Avoid Spitting in Public Places



Practise food safety

Even in areas Experiencing outbreaks,
meat products can be safely consumed
if these items are **cooked thoroughly**
and properly handled during food
preparation



Practise food safety

Use different chopping boards and knives
for raw meat and cooked Foods



Wash your hands between handling
raw and cooked foods.

Animal and animal product handling



Wear protective gowns, gloves, mask and facial protection while handling animal and animal products

Remove protective clothing after work, wash aprons daily and leave at work site



Avoid exposing family members to soiled work clothing and shoes

Seeking Care



- **Early medical care for fever, cough and difficulty in breathing**
- **Ask for travel history**

Practise food safety

Sick animals and animals that have died of diseases should not be eaten



**Avoid touching your eyes, nose, and mouth
with unwashed hands**

Strategies for Corona Virus Infection Control

1. Prevention of introduction of infection into the country
2. Prevention of establishment of infection in Tamil Nadu, India

1. Prevention of introduction of infection into the country

1. Hand sanitization of all passengers in Airports and Seaports immediately on disembarking
2. Medical screening of all passengers from China and other infected countries
3. Home quarantine and Monitoring of passengers for 28 days (double the incubation period)

4. **Cleaning and disinfection of surfaces frequently touched by hands** in Air Ports, Sea Ports, and all public places- like hand rails of steps, elevators, ticket counter surfaces, immigration/emigration counters, door handles, arm rests of chairs etc.
5. PPE for all staff handling passengers
6. Isolation Rooms in all medical college hospitals

2. Prevention of establishment of infection in India

1. Hand washing
2. Cleaning and disinfection of surfaces frequently touched by hands
3. Cough and sneezing hygiene- covering face with hand kerchief while coughing and sneezing

4. Keeping diabetes / hypertension under control
5. *Vanakkam* instead of shaking hands
6. Surveillance of all Influenza Like Illnesses
7. Stepping up of Hospital Infection Control Practices

9. Old aged people and children under three years should not go out of homes unnecessarily particularly to crowded areas
10. Non-vegetarians should eat thoroughly cooked animal food. Uncooked and semi-cooked items should be avoided.

These measures will help us to prevent all kinds of Influenza Like Illnesses (ILI) /Severe Acute Respiratory Infections SARI).

Hospital Preparedness

- Training for all doctors, nurses, paramedical and housekeeping including private sector
- Adequate stock of PPE and disinfectants particularly surgical spirit, one percent hypochlorite solution and Lysol
- Keeping isolation rooms ready
- Food arrangements for the passengers under observation

Public Health Measures

- Stepping up of surveillance for Influenza Like Illnesses/ Severe Acute Respiratory Illnesses
- Active case finding
- Thorough case and outbreak investigations

Outbreak investigations for clusters or outbreaks of emerging respiratory viruses

Enhanced surveillance

- Syndromic surveillance for Severe Acute Respiratory Illnesses (SARI) / Influenza Like Illnesses (ILI) should be stepped up
- Organizing rapid transfer of specimens to a laboratory with testing capacity
- Increasing testing of SARI cases at local health care facilities
- If resources allow, testing of people with milder, influenza-like illness
- Educating Government and Private clinicians about the case definition and the need for vigilance

Active Case Finding

- Active case finding involves a wider search, focusing on
 - Patients and their visitors in health care facilities where the confirmed patient sought treatment
 - Health care providers who cared for or cleaned the room of an infected patient
 - Social, familial and work contacts of the infected patient

Contact Tracing

- Identify contacts of the infected patient and record
 - Names, contact, demographic information
 - Date of first and last exposure or date of contact with the confirmed or probable case, and
 - Date of onset when fever or respiratory symptoms develop
- The common **exposures** and **type of contacts** with confirmed or suspected cases should be thoroughly documented for any contacts who become infected

District Investigation team

- Deputy Director of Health Services
(District Surveillance Officer)
- Physician
- Paediatrician
- Microbiologist

**Descriptive analysis of cases should
be performed in terms of
Time, Place and Person**

Time

- Date of onset: graphical and/or tabular descriptions of cases by date of onset
- Epidemic curve
- Estimation of an incubation period, description of transmission patterns, attack rates by age, occupation, exposure history
- clinical data (e.g. spectrum of illness severity, proportion with pneumonia, deaths) should also be provided

Place

- Geographical location
- Maps of the locale
- Case Patients' homes

Person

- Demographic characteristics
 - Age
 - sex
- Relationship

Home Care Guidelines

- Place in a well-ventilated single room.
- Limit the number of caretakers, ideally assign one person who is in a good health without risk conditions.
- No visitors.
- Household members should stay in a different room or, if that is not possible, maintain a distance of at least one metre from the ill person.

Home Care Guidelines

- Limit the movement and minimize the shared space.
- Ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated (Open Window)
- The caregiver should wear a medical mask fitted tightly to the face when in the same room

Home Care Guidelines

- Masks should not be touched or handled during use. If the mask gets wet or dirty with secretions, it must be changed immediately. Discard the mask after use and perform hand hygiene after removal of the mask
- Perform hand hygiene following all contacts with the persons under observation or their immediate environment.
- Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty.

Home Care Guidelines

- When using soap and water, disposable paper towels to dry hands is desirable. If not available, use dedicated cloth towels and replace them when they become wet.
- **Follow respiratory hygiene** - covering the mouth and nose during coughing or sneezing using medical masks, cloth masks, tissues or flexed elbow, followed by hand hygiene.
- Discard materials used to cover the mouth or nose or clean them appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water).

Home Care Guidelines

- Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool.
- Use disposable gloves to provide oral or respiratory care and when handling stool, urine and waste.
- Perform hand hygiene before and after removing gloves.
- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture daily with regular household disinfectant containing one percent hypochlorite solution

Home Care Guidelines

- Persons with symptoms should remain at home until their symptoms are resolved based on either clinical and/or laboratory findings
- All household members should be considered contacts and their health should be monitored
- If a household member develops symptoms of acute respiratory infection, including fever, cough, sore throat and difficult breathing, follow public health recommendations.

Home Care Guidelines

- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted hypochlorite solution (1-part bleach to 99 parts water).
- Clean clothes, bedclothes, bath and hand towels, etc using regular laundry soap and water or machine wash at 60-90 °C with common household detergent, and dry thoroughly
- Use disposable gloves and protective clothing (e.g. plastic aprons) when cleaning or handling surfaces, clothing or linen soiled with body fluids. Perform hand hygiene before and after removing gloves.

Management of Contacts

- The contacts should be advised to monitor their health for 14 days from the last day of possible contact
- Should seek immediate medical attention if they develop any symptoms, particularly fever, respiratory symptoms such as coughing or shortness of breath

When contacts becomes ill ...

- The healthcare provider should give advance instructions on
 - where to seek care when a contact becomes ill
 - what should be the most appropriate mode of transportation (**108 ambulance**)
 - when and where to enter the designated health care facility and
 - What infection control precautions should be followed

When contacts becomes ill ...

- Notify the receiving medical facility
- While travelling to seek care, the ill person should wear a medical mask.
- **Avoid public transportation to the health care facility.** Call 108 ambulance
- The ill contact should be advised to always perform respiratory hygiene and hand hygiene
- Stand or sit as far away from others as possible (at least 1 m), when in transit and when in the health care facility.

When contacts becomes ill..

- Appropriate hand hygiene should be employed by the ill contact and caregivers.
- Any surfaces that become soiled with respiratory secretions or body fluids during transport should be cleaned and disinfected with regular household containing a diluted bleach solution / Lysol

Logistics

- PPE- body suit, N95 masks, triple layered masks, goggles, shoe covers
- Disinfectants -Surgical spirit, one percent hypochlorite solution, Lysol
- Knapsack Sprayers
- Sample collection kits for throat swab, nasal swab and blood samples

Hand Sanitiser

- Should contain at least 70 percent alcohol
- Make surgical spirit easily accessible for hand sanitisation

Disinfectants for floors and ambulances

- One percent hypochlorite solution prepared from bleaching powder or hypochlorite solution

**Disinfectants for surfaces frequently
touched by hands and also floors**

Lysol IP (50 % Cresol and 50 % Liquid Soap)

- **Hospitals, clinics and ambulances**
 - 5 % Lysol (One litre lysol in 9 litres of water)
- **Bus stands, vehicles and other public places**
 - 2.5 % Lysol (One litre lysol in 19 litres water)
- **Households and clean places**
 - 1 % Lysol (One litre lysol in 49 litres water)



Discharge Policy of 2019-nCoV

- Clinical samples of any suspect/probable case of 2019-nCoV will be sent for laboratory confirmation to designated laboratories
- The case will be kept in isolation at health facility till the time of receipt of laboratory results and given symptomatic supportive treatment as per existing guidelines

If the Lab Results negative for 2019-nCoV

- The discharge of such patients will be governed by the provisional/confirmed diagnosis and it is up to the treating physician to take a decision
- The case shall still be monitored for 14 days after the last contact with 2019-nCoV confirmed case.

If the Lab Results are positive for 2019-nCoV

- The case shall be managed as per the case management protocol
- The case shall be discharged only after evidence of chest radiograph clearance and viral clearance in respiratory samples after two specimens test negative for 2019-nCoV within a period of 24 hours.



மக்கள் நலவாழ்வு மற்றும் குடும்ப நலத்துறை

கொரோனா வைரஸ் காய்ச்சல் 2019 - nCoV

கொரோனா வைரஸ்

- கொரோனா வைரஸ் என்பது மனிதர்களுக்கு காய்ச்சல், இருமல், மூச்சுத் திணறல் ஆகியவற்றை ஏற்படுத்தக் கூடிய ஒருவகை வைரஸ் கிருமியாகும்.
- சீனாவின் ஹூகான் நகரத்தில் கொரோனா வைரஸ் நோய்த் தொற்று ஏற்பட்டுள்ளது. இது விலங்குகளிலிருந்து மனிதர்களுக்கு பரவி இருக்கலாம் என சந்தேகிக்கப்படுகிறது.

நோயின் அறிகுறிகள்:

- காய்ச்சல், இருமல்
- உடல் சோர்வு
- ஒரு சிலருக்கு மூச்சுத் திணறல் ஏற்படும்.

கொரோனா வைரஸ் நோய் பரவும் விதம்:

- நோய் அறிகுறிகள் கண்ட நபர் இருமும் போதும், தும்பும் போதும், வெளிப்படும் நித்திவஸைகள் மூலம் நோடியாக பரவுகிறது.
- மேலும் இருமல் மற்றும் தும்பல் மூலம் வெளிப்படும் கிருமிகளை உடைய நித்திவஸைகள் படிந்துள்ள பொருட்களை தொடும்பொழுது கைகள் மூலமாகவும் பரவுகிறது.

நோய் தடுப்பு நடவடிக்கைகள்:

- + அடிக்கடி கைகளை சோப்பு போட்டு நன்கு தேய்த்து கழுவ வேண்டும். ஒவ்வொரு முறையும் கை கழுவ குறைந்தபட்சம் 30 விநாடிகள் எடுத்துக்கொள்ள வேண்டும்.
- + இருமும் போதும் தும்பும் போதும் முகத்தை கைக்குட்டை கொண்டு மூடிக்கொள்ள வேண்டும்.
- + சிகிச்சை தரும் அளவற்ற மருத்துவமனைகளிலும் கிருமி நாசினி கொண்டு கத்தராக குடைத்து பராமரித்தல் வேண்டும்.
- + 3 வயதிற்குட்பட்ட குழந்தைகள் மற்றும் 70 வயதிற்கு மேற்பட்டவர்கள் பொது இடங்கள் மற்றும் கூட்ட நெரிசல் உள்ள இடங்களுக்கு செல்வதை தவிர்க்க வேண்டும்.

சிகிச்சைகள்

- + காய்ச்சல், இருமல் போன்ற அறிகுறிகள் தென்பட்டால் உடனே அருகில் உள்ள மருத்துவனை அணுகவும்.
- + இனதீர், ஓ.ஆர்.எஸ், கஞ்சி போன்ற தீர்ச்சத்து மிகுந்த ஆகாரங்களை பருக வேண்டும்.

பொதுமக்கள் கவனத்திற்கு

1. கொரோனா வைரஸ் காய்ச்சல் பாதிக்கப்பட்டுள்ள சீனாவுக்கு பயணம் செல்லுவதை தவிர்க்கலாம்.
2. இருமல், ஜஸ்தோசம் உள்ளவர்கள் பொதுமக்கள் கூடும் இடங்களுக்கு செல்வதையும், விழாக்களில் பங்கு பெறவதையும் தவிர்க்க வேண்டும்.
3. சமீபத்தில் சீனாவுக்கு பயணம் சென்று வந்தவர்கள் காய்ச்சல், இருமல், மூச்சுத் திணறல் ஏற்பட்டால் அருகில் உள்ள அரசு மருத்துவமனைகளுக்கு சென்று ஆலோசனை பெறவேண்டும்.
4. அசைவ உணவு உண்பவர்கள் நன்கு வேகவைத்த உணவுகளையே சாப்பிட வேண்டும்.
5. முப்பது வயதிற்கு மேற்பட்டவர்கள் தங்கள் இரத்த அழுத்தம் மற்றும் சர்க்கரை அளவை பரிசீலனை செய்து கொள்ள வேண்டும்.

கைகளை கழுவும் முறைகள்

நன்றாக கை கழுவ குறைந்தது 30 விநாடிகள் தேவைப்படும்.



1 கைகளைத் தள்ளிப் பாப்பித்தல்



2 தாளாசைக் கை முழுமும் சேர் பேசவும்



3 கைப்பகு கை சேக்கும் தேய்த்தல் அடிவடி



4 கழு வில்லனை இடது வலம் இடது வலம் மாறி மாறி தேய்க்கவும்



5 வில்லனை சேர்த்து இடதுகையைத் தேய்க்கவும்



6 கைகளை விரல் பிள மரக்கள இடையில் குறி தேய்க்கவும்



7 கட்டை விரலை சுழித்து இடதுகையைத் தேய்க்கவும்



8 வில்லனை ஒன்றாக விரல்களை சுழித்து மாறி மாறி தேய்க்கவும்



9 தாளாசைக் கைகளைத் தேய்க்கவும்

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தொலைபேசி : 044 - 2951 0400 / 044 - 2951 0500

கைபேசி : 94443 40496 / 87544 48477



Health and Family Welfare Department

Novel Corona Virus Infection 2019 - nCoV

Corona Virus

- + Corona Virus infection causes fever, cough, myalgia and difficulty in breathing in humans.
- + Outbreak of novel Corona virus infection has occurred in Wuhan province of China. It is suspected to have spread to humans from animals.

Disease Symptoms

- + Fever, Cough
- + Myalgia
- + Difficulty in breathing

Disease transmission

- + Disease spreads from person-to-person directly through respiratory droplets produced when an infected person coughs and sneezes.
- + People also become infected by touching surfaces of hand railings of staircases and elevators, door handles, armrests of chairs, table surfaces and other surfaces like ticket counters contaminated by droplets generated by coughing or sneezing and then touching their mouth or nose or eyes.

Preventive measures

- + Frequent washing of hands with soap and water for atleast 30 seconds every time.
- + To cover the face by a clean hand kerchief during coughing or sneezing.
- + Children below 3 years and people above 70 years should stay away from public gatherings and overcrowded places.
- + Standard disinfection practices should be followed in all Health care facilities.

Treatment

- + If you have symptoms like fever, cough, myalgia or breathlessness, visit the nearby Primary Health Centre or Government Hospital at the earliest.
- + Plenty of oral fluids particularly rice kanji with salt, tender coconut water, ORS solution are recommended.

For your Attention

- + People are advised to avoid visiting China.
- + People with fever, cough, cold and breathing difficulty are advised to stay away from public gatherings and overcrowded places.
- + If the people who visited China recently develop symptoms like fever, cough or breathlessness they should report to nearby Primary Health Centres or Government Hospitals.
- + Eat only thoroughly cooked food, especially meat.
- + 30 plus age group people should check their blood pressure and sugar levels.

How to Wash Hands



Wet hands with water



Apply enough soap



Rub hands palm to palm



Right palm over left dorsum with interlaced fingers and vice versa



Palm to palm with fingers interlaced



Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of left thumb clasped in right palm and vice versa



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



Rinse hands with water and dry thoroughly with a single use towel.

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Case Transfer Guidelines

- Transfer should be kept to minimum
- Should be transported only by 108 ambulance
- Use appropriate PPE during the transfer.
- Inform the receiving hospital prior to transfer of patients to facilitate appropriate arrangement

Case Transfer Guidelines

- Contaminated items and equipment should be properly disinfected or discarded
- The used vehicle should be decontaminated after patient transportation

Patient Placement Guidelines

- In addition to using standard precautions, all individuals, including family members, visitors and HCWs, should use contact and droplet precautions before entering the room where suspected or confirmed nCoV patients are admitted
- Patients should be placed in adequately ventilated single rooms

Patient Placement Guidelines

- Where possible, a team of HCWs should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission
- Limit the number of HCWs, family members and visitors who are in contact with a suspected and confirmed 2019-nCoV patient
- Maintain a record of all persons entering the patients room, including all staff and visitors

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Thank you

